

Department of Environmental Quality  
Groundwater Monitoring Form- 2011 Revised Plan

Monitoring Period: \_\_\_\_\_

Date Sampled : \_\_\_\_\_

Parameter	Units	Sample Type	Well No. 1	Well No. 2	Well No. 3
Static Water Level	Feet	Measured			
pH	S.U.	Grab			
Chlorides	mg/l	Grab			
Specific Conductance	umhos/cm	Grab			
Aluminum	mg/l	Grab			
Sulfate	mg/l	Grab			
Total Dissolved Solids (TDS)	mg/l	Grab			
Total Organic Carbon (TOC)	mg/l	Grab			
Total Suspended Solids (TSS)	mg/l	Grab			
Ammonia-N	mg/l	Grab			
Color	Color Units	Grab			

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

\_\_\_\_\_  
**Signature of Authorized Agent**

\_\_\_\_\_  
**Name and Title of Authorized Agent**

\_\_\_\_\_  
**Date**